

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE			FEC IDENTIFICATION NUMBER ▼ C C00003418		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 04 / 14 / 2015</div>					
Full Name of Payee FACEBOOK			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 04 / 12 / 2015</div>		
Mailing Address 2130 PRIEST BRIDGE DRIVE NO 11			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">50000.00</div>		
City CROFTON State MD Zip Code 21114		Transaction ID : 2015M04SE0001 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 04 / 12 / 2015</div>			
Purpose of Expenditure MEDIA BUY		Category/Type			
Name of Federal Candidate HILLARY CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">106500.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee MICROSOFT ONLINE INC.			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 04 / 12 / 2015</div>		
Mailing Address PO BOX 847543			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2000.00</div>		
City DALLAS State TX Zip Code 75284		Transaction ID : 2015M04SE0002 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 04 / 12 / 2015</div>			
Purpose of Expenditure MEDIA BUY		Category/Type			
Name of Federal Candidate HILLARY CLINTON			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">106500.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">52000.00</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) TOTAL Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
ANTHONY PARKER Signature			Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 04 / 15 / 2015</div>		

[Electronically Filed]

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 2 OF 4
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00003418																									
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>0</td><td>4</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>1</td><td>4</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>2</td><td>0</td><td>1</td><td>5</td><td></td><td></td></tr> </table>		M	M		0	4		D	D		1	4		Y	Y	Y	Y	Y	Y	2	0	1	5		
M	M																										
0	4																										
D	D																										
1	4																										
Y	Y	Y	Y	Y	Y																						
2	0	1	5																								

Full Name of Payee GOOGLE INC			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>0</td><td>4</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>1</td><td>2</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>5</td><td></td><td></td></tr></table>			M	M		0	4		D	D		1	2		Y	Y	Y	Y	Y	Y	2	0	1	5		
M	M																												
0	4																												
D	D																												
1	2																												
Y	Y	Y	Y	Y	Y																								
2	0	1	5																										
Mailing Address PO BOX 39000			Amount <table border="1" style="display:inline-table; width:100%"><tr><td>1</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			1	0	0	0	0	0																		
1	0	0	0	0	0																								
City SAN FRANCISCO	State CA	Zip Code 94139	Transaction ID : 2015M04SE0003																										
Purpose of Expenditure MEDIA BUY		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>0</td><td>4</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>1</td><td>2</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>5</td><td></td><td></td></tr></table>			M	M		0	4		D	D		1	2		Y	Y	Y	Y	Y	Y	2	0	1	5		
M	M																												
0	4																												
D	D																												
1	2																												
Y	Y	Y	Y	Y	Y																								
2	0	1	5																										
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:100%"><tr><td>1</td><td>0</td><td>6</td><td>5</td><td>0</td><td>0</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	1	0	6	5	0	0							Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____														
1	0	6	5	0	0																								

Full Name of Payee PANDORA			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>0</td><td>4</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>1</td><td>2</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>5</td><td></td><td></td></tr></table>			M	M		0	4		D	D		1	2		Y	Y	Y	Y	Y	Y	2	0	1	5		
M	M																												
0	4																												
D	D																												
1	2																												
Y	Y	Y	Y	Y	Y																								
2	0	1	5																										
Mailing Address 2101 WEBSTER STREET 16TH FLOOR			Amount <table border="1" style="display:inline-table; width:100%"><tr><td>2</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>			2	0	0	0	0	0																		
2	0	0	0	0	0																								
City OAKLAND	State CA	Zip Code 94612	Transaction ID : 2015M04SE0004																										
Purpose of Expenditure MEDIA BUY		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>M</td><td>M</td><td></td></tr><tr><td>0</td><td>4</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>D</td><td>D</td><td></td></tr><tr><td>1</td><td>2</td><td></td></tr></table> / <table border="1" style="display:inline-table; margin:0 5px;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>5</td><td></td><td></td></tr></table>			M	M		0	4		D	D		1	2		Y	Y	Y	Y	Y	Y	2	0	1	5		
M	M																												
0	4																												
D	D																												
1	2																												
Y	Y	Y	Y	Y	Y																								
2	0	1	5																										
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="display:inline-table; width:100%"><tr><td>1</td><td>0</td><td>6</td><td>5</td><td>0</td><td>0</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	1	0	6	5	0	0							Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____														
1	0	6	5	0	0																								

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%"><tr><td>3</td><td>0</td><td>0</td><td>0</td><td>0</td><td>0</td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>	3	0	0	0	0	0						
3	0	0	0	0	0								
(b) SUBTOTAL of Unitemized Independent Expenditures▶	<table border="1" style="display:inline-table; width:100%"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="display:inline-table; width:100%"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>												

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ANTHONY PARKER

[Electronically Filed]

Date

M	M	
0	4	

D	D	
1	5	

Y	Y	Y	Y	Y	Y
2	0	1	5		

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 3 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00003418	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 04 / 14 / 2015	

Full Name of Payee INDEPENDENT JOURNAL REVIEW		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 12 / 2015	
Mailing Address 3524 SILVERSIDE ROAD SUITE 35B		Amount 15000.00	
City WILMINGTON	State DE	Zip Code 19810	Transaction ID : 2015M04SE0005
Purpose of Expenditure MEDIA BUY	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 12 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		106500.00	

Full Name of Payee TWITTER INC.		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 12 / 2015	
Mailing Address PO BOX 12027		Amount 1000.00	
City NEWARK	State NJ	Zip Code 07101	Transaction ID : 2015M04SE0006
Purpose of Expenditure MEDIA BUY	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 12 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	
		106500.00	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	16000.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ANTHONY PARKER

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Signature

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 4 OF 4
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) REPUBLICAN NATIONAL COMMITTEE		FEC IDENTIFICATION NUMBER ▼ C C00003418	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 04 / 14 / 2015	

Full Name of Payee BRIGHTROLL INC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 04 / 12 / 2015	
Mailing Address PO BOX 8420		Amount 8500.00	
City PASADENA	State CA	Zip Code 91109	Transaction ID : 2015M04SE0008
Purpose of Expenditure MEDIA PRODUCTION	Category/Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 04 / 12 / 2015	
Name of Federal Candidate HILLARY CLINTON		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	
106500.00			

Full Name of Payee		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y
Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	106500.00

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

ANTHONY PARKER

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 / 15 / 2015

Signature